



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sahm III et al. :
Serial No.: 10/083,841 : Art Unit: 2858
Filed: February 27, 2002 : Examiner: Not yet assigned
For: METHOD AND APPARATUS :
FOR DETECTING CURRENT :

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PRELIMINARY AMENDMENT

Box: Non-Fee Amendment
Hon. Commissioner for Patents
Washington, D.C. 20231

Prior to the examination of this Application, please amend the Application as follows:

IN THE SPECIFICATION

Please replace paragraph 11 on page 3 with the following replacement paragraph:

Figure 4A is a first portion of an illustration of a printed circuit board layout that may be used to implement the schematic shown in Figure 2. Figure 4B is a second portion of an illustration of a printed circuit board layout that may be used to implement the schematic shown in Figure 2.



PATENT
120781

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TRANSMITTAL

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1. Transmitted herewith is:

Preliminary Amendment (2 pgs.); Submission of Marked Up Paragraphs (1 pg.);
Request for Approval of Drawing Changes (1 pg.); Five (5) sheets of drawings
showing changes in red; Five (5) sheets of new Formal Drawings

STATUS

2. Applicant

 Claims small entity status.
 ✓ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:


MAILING

 ✓ deposited with the United States Postal Service
with sufficient postage as "Express Mail Post Office to
Addressee" in an envelope addressed to: Box: Non-Fee
Amendment, Commissioner for Patents, Washington,
D.C. 20231, Express Mail No. EV 263877917 US.

Date: March 4, 2003

FACSIMILE

 transmitted by facsimile to the Patent and
Trademark Office


Thomas M. Fisher
Reg. No. 47,564

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$42 = \$		x \$84 = \$
—	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for claims is required.

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$_____

_____ Charge Deposit Account No. 01-2384 the sum of \$
A duplicate of this transmittal is attached.

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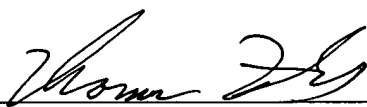
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. _____ Other:


Thomas M. Fisher, Reg. No. 47,564
ARMSTRONG TEASDALE LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102-2740
(314) 621-5070